



MARYLAND Department of Health

Maryland Medicaid Pharmacy Program Drug Utilization Review (DUR) Board Thursday, June 7, 2018 Approved Meeting Minutes

Drug Use Review (DUR) Board Members: K. Dodge, M. Healy, B. Hose, C. Lefebvre, M. McDonald, M. McPherson, J. O’Leary, S. Papesch

Maryland Medicaid Pharmacy Program (MMPP): A. Alexandrou, M. Closson, P. Holly, M. Joglekar, D. Shah, S. Singh

Provider Synergies, LLC: H. Peltier

Conduent State Healthcare, LLC: K. Farrakhan, J. Lafranchise

Health Information Designs, LLC (HID): R. Boyer, R. Grabow, N. Osei-Boateng

The Maryland Drug Utilization Review (DUR) Board was called to order at 9:17 a.m. on Thursday, June 7, 2018, by the chairperson of the Board.

Introductions

Members of the DUR Board introduced themselves.

Minutes

The minutes from the March 1, 2018 DUR Board meeting were approved as presented with no changes.

Maryland Medicaid Pharmacy Program (MMPP)

As discussed at previous meetings, the Department implemented the Unified Corrective Managed Care (CMC) program which addresses participant’s aberrant use of controlled substances, regardless if the participant is enrolled under the Fee-For-Service (FFS) program or Managed Care Organization (MCO). Under this program there are uniform lock-in criteria which allow the program to keep participants locked-in to CMC when they meet the criteria for two years from the date they are locked-in under the program and remain locked-in even if they move from FFS to MCO or from one MCO to another. As of the end of May 2018, 1,041 members have been locked-in with a total of 818 providers. This represents an increase of 1.5% (15 members) compared to the number reported at the March DUR Board meeting. These numbers represent the program’s success. The decisions taken and measures implemented by the Department in 2016 have been proven to be appropriate and the Department will continue to work towards a common goal which is the well-being of our members.

As previously mentioned at the March meeting regarding opioids, the Department implemented minimum standards on July 1, 2017 that apply to both the FFS and the MCOs, in order to combat the overdose epidemic which affects our participants and included coverage of non-opioids to be considered first-line treatment for chronic pain, and prior authorizations for all long-acting opioids, fentanyl, methadone for pain

and any opioid prescription that results in a dose exceeding 90 morphine milligram equivalents per day. In addition, a standard 30-day quantity limit for all opioids is set at or below 90 morphine milligram equivalents per day. Exceptions to these standards include participants with a diagnosis of cancer (treatment within the past 2 years, sickle cell anemia or those receiving palliative care or in hospice care). The program is progressing as anticipated and facilitating to improve appropriate prescribing of opioids and curb the concerns related to this epidemic.

MMPP also noted that on February 1, 2018, the Department went live with the new online formulary hosting service. Formulary Navigator, an online resource provided by Managed Markets Insight and Technology (MMIT), is available through the newly designed website www.mmpipi.com as well as via the Maryland Medicaid website. Over 4,000 unique visitors browsed through this website between February 1 and June 4, 2018. The website recorded over 1000 visits during the month of May itself, while the Formulary Navigator online resource recorded over 2,000 unique utilizers visiting the website during the same timeframe.

Lastly, the annual four hour live Continuing Medical Education Program for prescribers and pharmacists will be held in October 2018. This program is co-sponsored by the Department and Health Information Designs, LLC. Further information will be available in the near future.

The DUR Board members were thanked for their service on the Board and to the Maryland Medicaid Program.

Conduent State Healthcare, LLC

Conduent presented a summary of therapeutic duplication edits for the use of clonazepam and benzodiazepines, a summary of Preferred Drug List (PDL) new prior authorizations (PA) requests and a summary of prospective drug utilization review (ProDUR) edits for the first quarter of 2018. Before providing the summary of PDL PAs and ProDUR edits' information, Conduent briefly described the algorithm used to gather reporting data for the DUR conflicts, interventions and outcomes that are presented at the Board meetings.

Regarding therapeutic duplication of clonazepam with another benzodiazepine, Conduent reported that 90% of these alerts were overridden at the point of sale by the pharmacy provider, which is consistent with previous quarters. Pharmacy providers are required to input the correct ProDUR codes at point of sale (POS) to override the therapeutic duplication alert.

Stimulants (and related agents) had the highest number of new PDL PA requests for the first quarter of 2018. This increase, in part, was attributed to an increase in utilization of clonidine ER and Dyanavel®. Opiate dependence treatment agents continue to be in the top ten PA requests. It was reported that 88% of the new PDL PAs for the first quarter of 2018 fell into ten therapeutic classes.

Claims information was presented for therapeutic duplications, early refill alerts and drug-drug interactions for the first quarter of 2018. Regarding therapeutic duplications, anticonvulsants and antidepressants represented the majority of therapeutic duplication alerts which is consistent with previous quarters. Antidepressants represented over one third of the early refill alerts this quarter. Denied claims for early refills require the provider to contact the Conduent call center for an override. The majority of drug-drug interaction alerts involved an antidepressant, with 39% involving a selective serotonin reuptake inhibitor (SSRI). A summary of intervention codes related to therapeutic duplications, early refills and drug-drug interactions was provided.

Reports were presented on cost avoidance estimates and call center volume for the first quarter of 2018.

Health Information Designs, LLC

Health Information Designs (HID) presented a review of action items from the March 2018 meeting, an overview of active interventions, a retrospective DUR (RDUR) intervention summary for the first quarter of 2018 and future retrospective DUR interventions for the Maryland Medicaid fee-for-service population.

Review of Action Items from March 2018 DUR Board meeting:

At the March 1, 2018 DUR Board meeting, a physician member of the Board asked if the intervention letters mailed to physicians and pharmacists are "discoverable" material that may be obtained through a civil discovery process in litigation. After consulting with counsel from the MDH Office of the Attorney General (OAG), it was determined that they could be discoverable in litigation depending on the case and what may be legally relevant to the issues in the case. It's possible they would be produced with redactions such as, remove the participants' names. However, if the participants' names were somehow relevant in the case, they might still be discoverable.

The DUR Board requested further information regarding the recurrent monthly intervention addressing the concurrent use of an opioid, benzodiazepine and carisoprodol-containing agent. Specifically, the Board requested information related to the prescribers of the triple-drug regimen to determine if this regimen is prescribed by one provider or multiple providers for a potential focused intervention. Upon review, it was determined that there was no overlap in the prescribing for the five participants identified. The Board decided that no further action is required as a result of this review.

Drug utilization reports were presented as requested at the March 2018 meeting. For identification of participants receiving concurrent therapy with pregabalin and gabapentin, 638 potential individuals were found in the most recent two month period. Further evaluation, including profile review by a clinical pharmacist, would be required to determine if concurrent use was attributed to a cross-taper or continued duplicate therapy. Information related to the daily dose of gabapentin utilized by participants was presented. Over the preceding six month period, over 33,000 unique participants received a prescription for gabapentin, with 97% at or below 2,400 mg/day. Fifty-six participants were noted to have a daily dose that exceeded the recommended therapeutic threshold from the product manufacturer. Further evaluation of these claims revealed that, in the previous two month time period there were 1,357 unique participants who received concurrent therapy with an opioid and gabapentin. The identified participants were categorized based on established risk categories pertaining to low (less than 900mg), moderate (900 – 1,799mg) or high (> 1,800mg) dose gabapentin use with an opioid and the increased risk of accidental opioid-related mortality. After reviewing the utilization, the DUR Board discussed potential interventions to educate providers regarding this identified risk. The Board requested an intervention proposal be presented via email to address this concerning trend.

Other action items reviewed included outcomes of RDUR interventions for the first quarter of 2018. The intervention outcomes process is initiated during profile review by a clinical pharmacist. Participants who are identified as having a therapeutic issue are flagged and educational intervention letters are sent to both prescribers and pharmacy providers. These identified participants are reassessed after a six-month suppression period to determine if there has been a change in prescribing behaviors for the identified therapeutic issue. For the intervention that identifies therapeutic duplication of sedative/hypnotic agents, a 91% decrease in duplicate use was reported. It was recommended that this intervention continue based on successful results and expected decreased adverse effects to participants. The DUR Board agreed with the recommendation.

Outcomes of the RDUR intervention that identifies participants utilizing an opioid, benzodiazepine and carisoprodol-containing product were reported as well. The number of participants identified by this criterion continues to be low, potentially due to previous interventions that addressed the use of opioids and muscle relaxants taken concurrently and risk of additive adverse effects. For the reporting period (1st quarter of 2018), there was a 67% reduction in triple-therapy. It was also noted that, upon further review, the participant identified with concurrent use had a change in the prescribed regimen and was no longer on the triple-therapy identified in the intervention letter. It was recommended that this intervention continue for another quarter to further assess outcomes. The DUR Board agreed with the recommendation.

Finally, outcomes from the RDUR intervention addressing non-adherence to antiretroviral agents used in the treatment of HIV were presented. Similar to other interventions, after the suppression period there was a significant decrease in the identified therapeutic problem. For this intervention, 92% of those participants identified were no longer non-adherent to the prescribed antiretroviral regimen. It was noted that, with the original intervention, even though the voluntary response rate of intervention letters was 17% for prescribers and 27% for pharmacy providers, the effect of those letters made a significant impact on the intended outcome.

Summary of Active Interventions:

Active interventions for the first quarter of 2018 include: therapeutic duplication of sedative/hypnotic agents; concurrent use of an opioid, benzodiazepine and carisoprodol; the antilipemic intervention (nonadherence to an antilipemic agent or underutilization of antilipemic agents); therapeutic duplication of tricyclic antidepressants; and, sub-therapeutic use of quetiapine.

Retrospective DUR Quarterly Summary:

During the first quarter of 2018, educational intervention letters were sent to prescribers and pharmacy providers for duplicate sedative/hypnotic use, concurrent use of an opioid, benzodiazepine and carisoprodol-containing product; duplicate tricyclic antidepressant use, and subtherapeutic use of quetiapine. A total of 371 participants were flagged for intervention this quarter. Overall, 22% of prescribers and 31% of pharmacy providers responded to the educational outreach, which is voluntary. Many prescribers noted that the participant would be contacted to discuss the drug therapy issue identified or that the therapeutic issue would be resolved, while the majority of pharmacy providers indicated that the participant would be counseled concerning the therapeutic issue identified.

Regarding the educational intervention letters that are sent to prescribers, the Board recommended that it would be beneficial if intervention letters include individual prescriber's name along with the contact number so that it may spark communication among the prescribers to set better prescribing practices and to deliver better patient care.

Future Retrospective DUR Intervention Discussion:

New clinical criteria available from HID was presented to the Board for addition to the monthly claims data analyses performed by HID. The Board agreed to add the following criteria: nonadherence, concurrent utilization with another antiretroviral or overutilization of Biktarvy®; nonadherence to Lonhala™ Magnair™; nonadherence or overutilization of Steglatro™, Steglujan™ and Segluromet™; overutilization of or concurrent use with a history of alcohol dependence with Gocovri™; and therapeutic appropriateness

of Neurontin. These will be monitored for potential future interventions.

The following intervention topics were discussed by the Board:

1. Concurrent use of gabapentin and pregabalin
2. Overutilization of gabapentin
3. Concurrent use of gabapentin and an opioid
4. Therapeutic appropriateness of concurrent use of a stimulant for ADHD and sedative/hypnotic for insomnia in adults.

The Board approved the initiation of the intervention to address therapeutic appropriateness of concurrent use of stimulants for ADHD and sedative/hypnotics for insomnia in adults. The board further discussed interventions aimed at the use of gabapentin, pregabalin and opioids, based on utilization data presented. It was noted that, based on current literature, there is insufficient data to support the concurrent use of gabapentin and pregabalin, and there are concerns regarding additive adverse effects. Based on this information, the Board approved the creation of a targeted retrospective intervention to identify participants with continued concurrent therapy. Once this criteria is built by the RDUR vendor, materials will be provided to the Board via electronic mail for edits and approval. The Board also discussed concerns related to concurrent use of an opioid and gabapentin. Based on available literature and utilization data, the Board approved the creation of a focused retrospective intervention to alert providers to participants receiving an opioid and moderate to high dose gabapentin. The educational intervention will include a review of literature regarding the increased risk of opioid related mortality. The RDUR vendor will research and propose materials for this intervention and provide to the Board via electronic mail for review and approval.

Other Business

The Board was provided a copy of the April 2018 Maryland Medicaid Pharmacy Program provider newsletter, Pharmacy News & Views. The Board was thanked for all recommendations for provider education. The annual live CME/CE program will be held in October 2018. The Department is currently working to secure speakers and finalize presentation topics. Further developments will be communicated to DUR Board members as they become available.

There being no additional business, the meeting was adjourned at 10:48 a.m.